

Practice makes perfect: The learner–doctor blueprint for proficient physicians

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ABSTRACT

In the process of producing competent and efficient medical graduates, clinical teaching is an integral component of undergraduate training. Even though clinical training has been linked with multiple benefits and plays a defining role in transforming a medical student into a competent doctor, it has some inherent challenges. The learner–doctor method emphasizes learning by doing and has the potential to counter the identified challenges in the traditional mode of clinical training. The learner–doctor method places emphasis on collaborative learning, wherein students learn by experiential learning and active participation in patient care. This method not only fosters the development of clinical skills but also cultivates critical thinking, teamwork, empathy, and effective communication. A number of activities or strategies must be planned and implemented to ensure that the set objectives of the learner–doctor method are accomplished by the medical institutions. In conclusion, as medical education continues to evolve, the learner–doctor method of clinical training is a dynamic approach to bridging the gap between theoretical knowledge and practical skills. As this method enables medical students to actively engage in patient care and improve their critical thinking, it becomes the need of the hour that every medical institution should explore the opportunity to effectively implement the same in their settings.

Keywords: Clinical training, learner–doctor, medical education

Introduction

In the process of producing competent and efficient medical graduates, clinical teaching is an integral component of

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undergraduate training.^[1,2] Clinical training provides an opportunity for students to practically apply theoretical knowledge in real-world patient care settings to enable a deeper understanding of medical concepts.^[1] It also helps students develop their skills (viz., history-taking, physical examination, etc.) and acquire the skills of critical thinking, clinical reasoning, and decision-making.^[2] As students interact with patients, they learn the art of patient-centered care, wherein emphasis is given to the emotions and preferences of patients.^[2] At the same time, medical students also learn the art of effective communication, which is critical for reaching the correct diagnosis and ensuring treatment adherence.^[3] Clinical training also exposes students

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to teamwork and the need to collaborate with other healthcare professionals, and gradually, students develop on the professional front.^[4] Finally, this training only aids them in adapting to residency during their postgraduation and, eventually, the patient outcomes.^[5]

Challenges encountered in traditional clinical training

Even though clinical training has been linked with multiple benefits and plays a defining role in transforming a medical student into a competent doctor, it has some inherent challenges.^[6] For instance, in traditional clinical training, medical students learn by observing their teachers (role modeling) rather than being actively engaged in patient care, and this kind of passive approach might become a barrier to the acquisition of practical skills or decreased confidence among them.^[6] Considering the mushrooming of medical colleges across different parts of the world, it is a definite possibility that students are not exposed to a diverse range of patients during their clinical rotations. Thus, it can significantly impact their ability to deal with those cases that they have not seen.^[6,7]

As per the norms set by regulatory bodies, the time duration for clinical training is limited each day, and considering the very fact that the schedule during college hours is quite busy for both students as well as teachers, it becomes a major challenge for the students to learn about any case comprehensively (in a sense, right from the time a patient comes to outpatient department and till the time s/he leaves the hospital).^[8] This time constraint prevents students from learning in-depth, depriving them of quality reflection and practice of skills during their undergraduate training.^[8] Further, the quality and extent of supervision for medical students generally vary each day or even with different batches. Thus, some sets of students might receive close guidance, while others might completely lack it.^[9] Thus, students have varied learning experiences, which definitely influence their competence and the acquisition of non-cognitive skills.

In continuation, there is also a possibility that medical students might not receive structured and timely feedback on their performance from their teachers during their traditional clinical training for multiple reasons.^[9] In the absence of regular constructive critique, students might struggle to identify areas wherein they need improvement and even comprehend their learning progression.^[9] The presence of these challenges clearly suggests that the learning that happens during traditional clinical training is very opportunistic, limited, and variable.^[10] This calls for the need to adopt innovative teaching-learning approaches within the curriculum to bridge the existing challenges and, at the same time, enhance the effectiveness of the clinical training program of the institution.^[6-10]

Learner–doctor method

The discussion on the prevailing challenges in traditional clinical training has justified the need to incorporate dynamic

and innovative teaching methods to minimize the gap between theoretical knowledge and the acquisition of practical skills.^[6] The learner–doctor method emphasizes learning by doing and has the potential to counter the identified challenges in the traditional mode of clinical training.^[6,11] The goal of this method of training is to expose medical students to longitudinal patient care, give them an opportunity to be a part of the health team and extend care to patients in both outpatient and inpatient settings.^[12] The learner–doctor method ensures that students become active participants in their educational journey and are prepared to deal with the complexities of modern medical practice.^[11]

As a part of this innovative pedagogy, the medical students are expected to attend outpatient services of their assigned units on admission days and be present with their team till evening.^[12] As they are with their admission team, they participate in patient rounds, extend care to patients under the supervision of a faculty or senior resident, and follow up the patient till they are discharged from the hospital. Apart from admission days, it is also expected that students will attend patient rounds on another day and record all their observations in a log book.^[12,13] However, we must remember that at no stage students can make independent decisions, as the patient remains under the care of the treating doctors, while students are learning the complexities of real patient interactions under the mentorship of experienced teachers.^[12]

Merits attributed to the Learner–doctor method

The learner–doctor method emphasizes collaborative learning, wherein students learn by experiential learning and active participation in patient care.^[11] This method not only fosters the development of clinical skills but also cultivates critical thinking, teamwork, empathy, and effective communication, all of which are crucial in making competent and effective future doctors.^[11,12] In addition, owing to active participation, medical students improve their practical skills, become more confident in independent practice, and are well-equipped to make evidence-based clinical decisions (*viz.*, improved ability to analyze cases, arrive at diagnoses, and formulate treatment plans). At the same time, as students actively engage with patients, they learn the importance of empathetic and effective communication, which are crucial for promoting trust and satisfaction and delivering patient-centered care.^[14,15] Further, exposure to diverse and real clinical scenarios cultivates critical thinking among medical students, which is necessary for arriving at correct diagnoses and better management of patients.^[16]

Simultaneously, students learn to adapt to patients of different types and also recognize the importance of social and cultural factors on patient health.^[17] Another advantage of learning through this approach is that students gradually become prepared for the demands of the residency period and also learn the importance of lifelong learning (as exposure to every new patient makes them curious to learn more).^[5] Moreover, the medical students also understand the importance of teamwork and the necessity to collaborate with professionals from other disciplines for better patient outcomes.^[18,19] While students are actively

participating in patient care-related activities, the feedback they receive from their teachers encourages self-assessment, which in turn brings about a culture of continuous improvement and self-directed learning through the promotion of reflection.^[6,11,20] All the above-mentioned benefits of the learner–doctor method collectively play their part in producing competent, compassionate, and confident medical graduates who are well-equipped to provide high-quality patient care.^[11,12]

Implementation of the learner–doctor method

A number of activities or strategies must be planned and implemented to ensure that the set objectives of the learner–doctor method are accomplished by the medical institutions. This has to begin by integrating the learner–doctor method within the existing curriculum, wherein clinical rotation programs are designed in such a way that medical students are exposed to diverse patient cases, which gradually increase in complexity as students’ training progresses.^[12] The most important activity will be to organize faculty development programs, wherein faculty members are not only sensitized about the need and importance of the learner–doctor method but also trained to be effective mentor (*viz.* supervise students, guide students, augment curiosity, motivate them to learn, provide feedback, promote reflection, etc.). It is very important to specify the range of activities medical students will be doing and the ones that they will not be doing to ensure that teachers remain accountable in the learning process.^[12]

We must develop a clear framework for supervision for teachers for different stages of learning. In addition, the institution must establish a feedback mechanism wherein students should receive constructive feedback from both teachers and patients to enable continuous improvement.^[11,20] Further, there must be provision to enable collaboration with professionals from other disciplines as it will prepare the students for real-world settings.^[18,19] Moreover, we must devise an assessment mechanism using appropriate tools to measure both cognitive and skills components, including communication and professionalism. The entire method should be framed in such a way that patient safety is ensured and ethical practices are encouraged by the teachers.^[21] In addition, we must also use this opportunity to train students on the diversified needs of people from different cultural contexts.^[17] The implementation of all the above measures, especially after considering the local context and available resources, can significantly augment the effectiveness of the learner–doctor method, providing an enriching experience for medical students.^[12] At Datta Meghe Medical College, Nagpur, the Off-Campus of Datta Meghe Institute of Higher Education and Research, Deemed-to-be University, Sawangi, Wardha, Maharashtra, the learner–doctor method has been implemented as per the norms prescribed by the National Medical Commission, under the guidance and constant supervision of the Medical Education Unit of the institution.

Conclusion

In conclusion, as medical education continues to evolve, the learner–doctor method of clinical training is a dynamic approach

to bridging the gap between theoretical knowledge and practical skills. As this method enables medical students to actively engage in patient care and improve their critical thinking, it becomes the need of the hour that every medical institution should explore the opportunity to effectively implement the same in their settings.

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Conflicts of interest

There are no conflicts of interest.

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